



## Letter to the Editor

## Letter to the editor on “Outpatient volumes and medical staffing resources as predictors for continuity of follow-up care during transfer of adolescents with congenital heart disease”

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Dear Editor,

In the era of modern pediatric cardiology and cardiovascular surgery, continuity of care has been increasingly claimed as a strong determinant of health outcome [1]. Efforts still continue to prioritize the impacting factors based on their impact strength. The recent publication by Skogby et al. in the *International Journal of Cardiology* is just a glimpse of these efforts [2].

The fact that this is an observational study might preclude it to consider a predictive value for outpatient volume in determining the continuation of care in pediatric cardiology; as truly discussed later in the paper, the two can just have an association relationship. While the multivariable logistic regression has adjusted for patient-related parameters such as gender, the fact that data is mixed for specialized care and pediatric cardiology, shared care, and non-specialized setting puts the results at the risk of inaccuracy. The same is true for the mixed data of

patients scheduled for a follow-up versus those not destined for follow-up and untraceable cases.

Also, patient's characteristics such as ethnicity and socioeconomics as well as parents' perception play an important role in the care receivers' adherence to the continuing visits [3,4]. This is beside the distance they have to commute from home to the appointment.

Overall, while aiming to highlight the competency of a health care facility in providing established and maintained health care to adolescents surviving a congenital heart defect into adulthood, the above-mentioned vital pieces are missing in this paper.

## Conflict of interest

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